

# CA Comprehensive Trip Log & Manifest Receipts

California Integrated Waste Management Board  
PO Box 1259, Sacramento, CA 95812-125

EXAMPLE 123

Blue or Black Ink Pen

Comprehensive Trip Number

C9-1234567

State of California  
CIWMB-XXX (05/04)

INSTRUCTIONS ON BACK DO NOT TAPE, STAPLE OR DUPLICATE

By signing this CA Uniform Waste and Used Tire Manifest, the signer(s) requests that the information provided on this form will be considered confidential, proprietary and/or a trade secret. In accordance with Title 14, CCR, Section 17041 et seq., if a request is made for disclosure of this information, the CIWMB will contact the signer(s) of this form at the address and telephone number provided on this manifest.

<b>Vehicle Information</b> <b>Decal Number</b> 0 - <b>License Plate Number</b> <b>State</b>		<b>Hauler</b> <b>Business Name</b> <b>Address</b> <b>City, State, Zip</b>
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I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct. In addition, I am aware that falsification of this information may result in suspension, revocation, or denial of renewal of the Waste Tire Hauler Registration pursuant to Public Resources Code section 42960 and may result in civil penalties up to \$25,000 per day, per violation or administrative penalties up to \$5,000 per violation per day as described in Public Resources Code section 42962.

Driver's Name (print) \_\_\_\_\_ Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Customer Manifest Receipt A</b> <b>Comprehensive Trip Number</b> C9-1234567 <b>Hauler Tire Program ID</b> _____ <b>Site Suffix</b> _____ <b>Hauler Phone Number</b> _____	<b>Customer Manifest Receipt B</b> <b>Comprehensive Trip Number</b> C9-1234567 <b>Hauler Tire Program ID</b> _____ <b>Site Suffix</b> _____ <b>Hauler Phone Number</b> _____	<b>Customer Manifest Receipt C</b> <b>Comprehensive Trip Number</b> C9-1234567 <b>Hauler Tire Program ID</b> _____ <b>Site Suffix</b> _____ <b>Hauler Phone Number</b> _____
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<b>Load Information</b> <input type="checkbox"/> Pick Up <input type="checkbox"/> Delivery <b>Date</b> ____ / ____ / ____ <b>Type</b> <input type="checkbox"/> Whole Tire Count <input type="checkbox"/> Weight in Pounds <input type="checkbox"/> Volume Cubic Yards <input type="checkbox"/> Weight in Tons <b>Amt</b> _____ Whole Numbers only      Decimal for Whole Tire Count	<b>Load Information</b> <input type="checkbox"/> Pick Up <input type="checkbox"/> Delivery <b>Date</b> ____ / ____ / ____ <b>Type</b> <input type="checkbox"/> Whole Tire Count <input type="checkbox"/> Weight in Pounds <input type="checkbox"/> Volume Cubic Yards <input type="checkbox"/> Weight in Tons <b>Amt</b> _____ Whole Numbers only      Decimal for Whole Tire Count	<b>Load Information</b> <input type="checkbox"/> Pick Up <input type="checkbox"/> Delivery <b>Date</b> ____ / ____ / ____ <b>Type</b> <input type="checkbox"/> Whole Tire Count <input type="checkbox"/> Weight in Pounds <input type="checkbox"/> Volume Cubic Yards <input type="checkbox"/> Weight in Tons <b>Amt</b> _____ Whole Numbers only      Decimal for Whole Tire Count
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<b>Facility Information</b> <b>Facility Tire Program ID</b> _____ <b>Site Suffix</b> _____ <b>Facility's Business Phone</b> (____) ____ - ____ <b>Facility Business Name/Address</b> (Stamp or Label OK)	<b>Facility Information</b> <b>Facility Tire Program ID</b> _____ <b>Site Suffix</b> _____ <b>Facility's Business Phone</b> (____) ____ - ____ <b>Facility Business Name/Address</b> (Stamp or Label OK)	<b>Facility Information</b> <b>Facility Tire Program ID</b> _____ <b>Site Suffix</b> _____ <b>Facility's Business Phone</b> (____) ____ - ____ <b>Facility Business Name/Address</b> (Stamp or Label OK)
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I certify that under penalty of perjury under the laws of the State of California that the information provided above is true and correct. Initials \_\_\_\_\_

Draft